

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### METHOD AND APPARATUS FOR PERFORMING DISTRIBUTED SIMULATION UTILIZING A SIMULATION BACKPLANE

the specification of which is attached hereto unless the following is entered:

was filed on	as United States Application Number or PCT International Application Number	and was amended on (if applicable)

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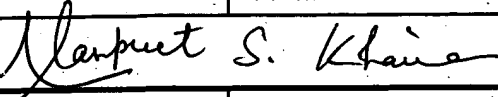
**Direct telephone calls to:**

EARL BROWN  
(212) 908-6143

**Send correspondence to:**

KENYON & KENYON  
333 W. San Carlos, Street, Suite 600  
San Jose, CA 95110-2711

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<b>Full name of first or sole inventor</b>	Last Name <b>KHAIRA</b>	First Name <b>MANPREET</b>	Middle Name <b>S.</b>
Residence	City <b>PORTLAND</b>	State or Country <b>OREGON</b>	Country of Citizenship <b>INDIA</b>
Post Office Address	Street <b>6245 N.W. 152<sup>ND</sup> PLACE</b>	City <b>PORTLAND</b>	State or Country & Zip Code <b>OR 97229</b>
Signature 		Date <b>25<sup>th</sup> March '00</b>	
<b>Full name of second inventor</b>	Last Name <b>SEILIGMAN</b>	First Name <b>ERIK</b>	Middle Name <b>M.</b>
Residence	City <b>BEAVERTON</b>	State or Country <b>OREGON</b>	Country of Citizenship <b>UNITED STATES</b>
Post Office Address	Street <b>1885 N.W. ROLLING HILL DRIVE</b>	City <b>BEAVERTON</b>	State or Country & Zip Code <b>OR 97006</b>
Signature		Date	
<b>Full name of third inventor</b>	Last Name <b>CASAS</b>	First Name <b>JEREMY</b>	Middle Name <b>S.</b>
Residence	City <b>PORTLAND</b>	State or Country <b>OREGON</b>	Country of Citizenship <b>PHILIPPINES</b>
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<b>Full name of fourth inventor</b>	Last Name <b>OTTO</b>	First Name <b>STEVE</b>	Middle Name <b>W.</b>
Residence	City <b>PORTLAND</b>	State or Country <b>OREGON</b>	Country of Citizenship <b>UNITED STATES</b>
Post Office Address	Street <b>2359 N.W. GLISAN</b>	City <b>PORTLAND</b>	State or Country & Zip Code <b>OR 97210</b>
Signature		Date	

<b>Full name of fifth inventor</b>	Last Name JOSHI	First Name MANDAR	Middle Name S.
Residence	City ALOHA	State or Country OREGON	Country of Citizenship INDIA
Post Office Address	Street 268 S. W. 212 <sup>TH</sup> AVENUE	City ALOHA	State or Country & Zip Code OR 97006
Signature		Date	

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

A circular ink stamp from the U.S. Patent and Trademark Office. The text "U.S. PATENT AND TRADEMARK OFFICE" is curved along the top and right edges. The date "MAY 08 2000" is stamped in the center. The words "PATENT" and "TRADEMARK" are curved along the bottom edge.

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	<b>JOSHI</b>	<b>MANDAR</b>	<b>S.</b>
Residence	City <b>ALOHA</b>	State or Country <b>OREGON</b>	Country of Citizenship <b>INDIA</b>
Post Office Address	Street <b>268 S. W. 212<sup>TH</sup> AVENUE</b>	City <b>ALOHA</b>	State or Country & Zip Code <b>OR 97006</b>
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SM211004

PATENT

Docket No. 2207/6843

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I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

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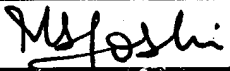
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